



State Council on Developmental Disabilities

• website • www.scdd.ca.gov

• email • council@scdd.ca.gov

1507 21st Street, Suite 210
Sacramento, CA 95811



STATE OF CALIFORNIA

Edmund G. Brown Jr.
Governor

(916) 322-8481
(916) 443-4957 fax
(916) 324-8420 TTY

Positions on 2012-13 Governor's Budget April 10, 2012

General Principles

The Council recognizes the magnitude of California's fiscal crisis and that all Californians will be impacted by balancing the budget, thus individuals with developmental disabilities will likely share in this correction, but should not be expected to assume an inequitable portion of the burden.

Budget solutions must not result in people with developmental disabilities having their health and safety negatively impacted, jeopardize their inclusion in the community, force them to become less productive, and/or reduce their ability to direct their own lives and make choices.

Budget solutions must not violate the basic tenet of the developmental services system as a civil/social rights model rather than medical model, nor reduce the quality of available services.

Budget solutions must examine the entire state system to seek administrative efficiencies and economies of scale, not just impact direct services to Californians.

Budget solutions must not violate the basic underpinnings of existing federal and state statutes and court decisions

"The Council advocates, promotes & implements policies and practices that achieve self-determination, independence, productivity & inclusion in all aspects of community life for Californians with developmental disabilities and their families."

that serve to assure the provision of quality services and supports and protect basic human rights.

Budget solutions must seek and maximize all available income.

DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS)

Principles

Budget solutions may define and refine the level of entitlement to services and supports in the developmental services system, they must not eliminate the entitlement to access and receive services and supports from the system by eligible individuals and families.

Budget solutions must be shared by the entire developmental services system, not solely applied to community services, and more specifically purchase of services and supports for individuals with developmental disabilities.

Budget solutions must protect continuity and avoid developing gaps in the lives and needed services and supports of people with developmental disabilities.

Budget solutions must not undermine or violate the individual program planning process and outcomes.

Budget solutions must not increase co-payments or application of income criteria to access services and supports beyond what exist currently.

Budget solutions must be as far away as possible from direct services.

Community Services Program

- A total budget of \$4.063 billion representing an increase of \$79.2 million over 2011-12.

This includes increased funding for regional center operations and purchase of services to reflect increased caseload and expenditure data; decreased funding in regional center operations for the ICF-DD State Plan Amendment Administration Fees and day treatment and transportation costs for ICF-DD-H residents; a decrease to reflect updates expenditures in other department's budgets for Adult Day Health Centers and reductions in Medi-Cal caps and co-payments; an increase to reflect the sunset of the 4.25% payment reduction on June 30, 2012; an increase for the Financial Management Services for Participant-Directed Services ; a decrease to reflect a technical adjustment to annualize the cost containment proposals specified in Assembly Bill 104, Chapter 37, and Statutes of 2011; an increase to reflect a fund shift from California First Five Commission to the general fund (Proposition 10); and a decrease to reflect a trigger reduction of \$200 million general fund to be achieved.

The Council opposes the \$200 million trigger reduction and will revisit this item after DDS issues its proposed plan to address the \$200 million trigger reduction.

Developmental Centers

- Estimated average number of residents of 1,533 reflecting a decrease of 226 (12.8%). A total budget of \$559.1 million reflecting a decrease of \$18 million.

The Council requests a moratorium on admissions to developmental centers and the provision of flexibility and funding to provide community services and supports for those deflected from developmental center placement.

DEPARTMENT OF SOCIAL SERVICES (CDSS)

In-Home Supportive Services (IHSS)

- Elimination of "domestic and related services" (housework, shopping, and meal preparation) for approximately 254,000 IHSS with some exceptions this would affect recipients whose need for any domestic or related service is "met in common" with other household members, including children under age 18 who live with a parent.

The Council opposes elimination of domestic and related services in the IHSS program.

- An across-the-board 20 percent reduction in hours of service for the IHSS Program on April 1, 2012. The "trigger cuts" in the 2011-12 budget agreement imposed this reduction on January 1, 2012. A court injunction has thus far prevented the state from reducing hours.

The Council opposes a 20 percent across-the-board reduction in IHSS hours of service.

- All individuals receiving both Medi-Cal and Medicare benefits (dual eligibles) will be required to enroll in managed care health plans for their Medi-Cal benefits. The IHSS program will operate as it does today during 2012-13; all authorized IHSS benefits will be included in managed care plans. No IHSS savings are estimated to result from this proposal in 2012-13.

The Council opposes expansion from 4 to 10 counties and mandatory enrollment of beneficiaries into managed care. Current law authorizes integrated care pilots in 4 counties for the purpose of testing the assumptions regarding improved services and reduces costs for IHSS. The expansion lacks detail and is on a very aggressive timeline without adequate responses to the myriad of concerns raised by IHSS recipients and advocates.

DEPARTMENT OF HEALTH CARE SERVICES (DHCS)

All efforts must be made to access and maximize other sources of income including but not limited to:

Issuing directions to counties regarding the use of state and local funds for Medi-Cal share of costs for California Children's Services (CCS).

Require that the Consolidated Omnibus Budget Reconciliation Act (COBRA) notices be issued in California to provide information about the Health Insurance Premium Payment Program (HIPP) for coverage of premium costs of COBRA benefits; and information that receiving an extension of the 11-month disability extension does not require a person to qualify for Social Security benefits.

Examine other states' successes in ensuring that costs of long-term care are not prematurely shifted from Medicare to Medi-Cal.

Seek payments by health plans to cover their obligations to children with disabilities covered under their parent's group plans.

Require private insurance plans to cover the full cost of wheelchairs and other durable medical equipment.

Pursue federal financial participation for the costs of veterans' pharmacy benefits.

Medi-Cal

- Shifts more than 1 million seniors and people with disabilities who currently qualify for both Medi-Cal and Medicare (dual eligibles) from fee-for-service Medi-Cal into managed care. This proposal would also broaden the scope of managed care services to include In-Home Supportive Services, other home and community-based services, and nursing home care funded by Medi-Cal. These changes would be phased in over a three-year period beginning on January 1, 2013.

At this time, the Council opposes the mandatory enrollment of Medicare/Medi-Cal (dual eligibles) into managed care, in part because of the lack of specific details regarding how the proposal will be implemented. If implemented, the Council request duals are allowed to "opt- in" rather than be forced into managed care allowing maximum choice.

- Reduces eligibility for the Medical Therapy Program (MTP). Currently, the program does not require families to meet an income test. Under the proposal, families would be eligible for the MTP only if their income is less than \$40,000 per year or if they also receive services through the California Children's Services (CCS) Program and their CCS expenses exceed 20 percent of their income.

The Council opposes changes to the eligibility requirements for the Medical Therapy program because the outcome will reduce services to children with disabilities.

- Requires Medi-Cal enrollees to select their health plan during an annual open enrollment period and remain in that plan for a full year. Currently, Medi-Cal enrollees may, but normally do not, change their plans monthly.

The Council opposes prohibiting Medi-Cal enrollees from selecting their health plan yearly because it reduces current flexibility.

DEPARTMENT OF MENTAL HEALTH

Caregivers Resource Centers

- Elimination of all funding (\$2.9 million) for the Caregivers Resource Centers that provide services and supports to individuals with brain injuries.

The Council opposes elimination of the Caregiver Resource Centers because this is a vital support system for persons providing care to individuals with traumatic brain injuries.

DEPARTMENT OF REHABILITATION (DOR)

Vocational Rehabilitation

- A total budget of \$400.5 million, an increase of \$6 million over 2011-12.

The Council supports the Department of Rehabilitation budget.

Independent Living Services

- A total budget of \$20.6 million, a decrease of \$86,000 over 2011-12.

The Council supports the budget for independent living services.

CALIFORNIA DEPARTMENT OF EDUCATION (CDE)

General Education Mandates

- Proposed elimination of mandates for Agency Fee Arrangements, Caregiver Affidavits, Financial and Compliance Audits, Habitual Truants, Law Enforcement Agency Notifications, Mandate Reimbursement Process, Missing Children Reports, Notification of Truancy, Notification to Teachers: Pupil Discipline Records, Notification to Teachers: Pupil Suspension or Expulsion I and II, Behavioral Intervention Plans, Physical Performance Tests, Pupil Suspensions, Expulsions, Expulsion Appeals, and Threats Against Peace Officers.

The Council opposes the elimination of the mandates for behavioral intervention plans, pupil suspensions, expulsions and seclusion appeals, and notification of truancy in education.

Special Education

- Reduces 2011-12 funding for special education programs by \$24.3 million to reflect increased property tax revenue allocated to school districts due to the phase out of redevelopment agencies. Increases special education funding by \$12.3 million to reflect enrollment growth.

The Council supports proposed funding for special education.

CALIFORNIA COMMUNITY COLLEGES (CCC)

- Consolidate funding for nearly all categorical programs and allow community colleges to use the funds for any purpose.

The Council opposed the consolidation of the Disabled Students Program (DSP) with other categorical programs at community colleges. This is a vital service to support access to community colleges by individuals with disabilities.